

## No. 2002-176

## AN ACT

## HB 2196

Providing for education for parents on what constitutes shaken baby syndrome and the physical impairments that can result from shaken baby syndrome; and establishing the Shaken Baby Syndrome Education and Prevention Program.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

**Section 1. Short title.**

This act shall be known and may be cited as the Shaken Baby Syndrome Education Act.

**Section 2. Legislative findings.**

The General Assembly hereby finds as follows:

(1) Shaken baby syndrome occurs frequently when a frustrated caregiver loses control because of an inconsolable crying baby.

(2) A baby's head is large and heavy in proportion to the baby's body. There is space between the brain and skull to allow for growth and development. The baby's neck muscles are not yet developed.

(3) When an infant or young toddler, usually under two years of age, is shaken, the brain rebounds against the skull, causing bruising of the brain, swelling, pressure and bleeding (intracerebral hemorrhage). This can easily lead to permanent, severe brain damage or death. Shaking an infant or small child may also cause injuries to the neck and spine. Retinal hemorrhages may result in loss of vision.

(4) More than 1,000,000 children are severely abused annually, and shaken baby syndrome is a leading cause of morbidity and mortality in infants.

(5) In the United States, the annual incidence rate of shaken baby syndrome is between 750 and 3,750.

(6) One-third of the victims of shaken baby syndrome survive with few or no consequences, one-third of the victims suffer permanent injury and one-third of the victims die.

(7) Approximately 20% of cases are fatal in the first few days after injury. Survivors may suffer handicaps ranging from mild, including learning disorders, mental retardation, seizure disorders, developmental delays and behavioral changes, to moderate and severe, including profound mental and developmental retardation, paralysis, blindness, inability to eat or permanent vegetative state.

(8) Parental behaviors, environmental factors and child characteristics all may contribute to a shaking event.

(9) Merely telling caregivers not to shake their babies does not go far enough. A plan of action or other recommendations to help caregivers deal with a potentially volatile situation must be offered.

(10) Parents and other caregivers need assurance that allowing a baby to cry is acceptable if all of the child's needs have been met. The caregiver should address his or her stress level and attempt to engage in stress management techniques.

(11) Shaken baby syndrome is preventable. Parents should share the message of the dangers of shaking with all who care for their infant or child, including spouses, their own parents, siblings, day-care providers and others. Parents need to inform those who are caring for their child that it is appropriate to call for help when they feel out of control.

### Section 3. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Birth center." A facility not part of a hospital which provides maternity care to childbearing families not requiring hospitalization. A birth center provides a homelike atmosphere for maternity care, including prenatal, labor, delivery and postpartum care related to medically uncomplicated pregnancies.

"Commitment statement." A form which may be voluntarily signed by the parent or parents acknowledging that the parent or parents have received, read and have an understanding of the educational and instructional materials provided on shaken baby syndrome.

"Department." The Department of Health of the Commonwealth.

"Hospital." Any hospital providing clinically related health services for obstetrical and newborn care or birth center, both profit and nonprofit and including those operated by the State or local government or an agency. The term shall not include an office used primarily for private or group practice by health care practitioners where no reviewable clinically related health services are offered.

"Infant." A child 30 days of age up to 24 months of age.

"Newborn." A child up to and including 29 days of age.

"Parent." A natural parent, stepparent, adoptive parent, legal guardian or legal custodian of a child.

"Program." The Shaken Baby Syndrome Education and Prevention Program.

"Secretary." The Secretary of Health of the Commonwealth.

"Shaken baby syndrome." The vigorous shaking of an infant or a young child that may result in bleeding inside the head and may cause one or more of the following conditions:

- (1) Irreversible brain damage.
- (2) Blindness, retinal hemorrhage or eye damage.
- (3) Cerebral palsy.

- (4) Hearing loss.
- (5) Spinal cord injury, including paralysis.
- (6) Seizures.
- (7) Learning disabilities.
- (8) Death.
- (9) Central nervous system injury as evidenced by central nervous system hemorrhaging.
- (10) Closed head injury.
- (11) Rib fracture.
- (12) Subdural hematoma.

**Section 4. Establishment of Shaken Baby Syndrome Education and Prevention Program.**

(a) **Establishment.**—The department shall establish a program to focus on awareness, education and prevention of shaken baby syndrome.

(b) **Public awareness.**—The department shall design and implement strategies for raising public awareness concerning the causes and nature of shaken baby syndrome, including, but not limited to, the following:

- (1) Factors placing parents, guardians and other caregivers at risk for shaking an infant.
- (2) The risks associated with shaking an infant.
- (3) Suggestions for preventing shaken baby syndrome.

**Section 5. Materials.**

(a) **Educational and instructional materials.**—The program established under this act shall include the distribution of readily understandable information and educational and instructional materials regarding shaken baby syndrome, explaining its medical effects on infants and children and emphasizing preventive measures. The educational and instructional materials and the commitment statement shall be provided to the parent or parents separate and apart from any other educational and instructional materials that are provided to the parent or parents prior to discharge from the hospital or birth center.

(b) **Commitment statement.**—The commitment statement may be signed by the parent or parents prior to discharge from the hospital or birth center. The form of the commitment statement shall be in duplicate. One copy shall be given to the parent and one copy shall remain on file in the hospital or birth center. The commitment statement shall be set forth in a form to be prescribed by the secretary.

(c) **Distribution of materials.**—The information and educational and instructional materials described in subsection (a) shall be provided without cost by each hospital or birth center licensed in this Commonwealth to a parent or guardian of every newborn upon discharge from the hospital or birth center.

**Section 6. Scope of act.**

The department shall do the following:

(1) Work to improve the capacity of community-based services available to victims of shaken baby syndrome.

(2) Work with other State and local governmental agencies, community and business leaders, community organizations, health care and human service providers and national organizations to coordinate efforts and maximize State and private resources in the areas of prevention of and education about shaken baby syndrome.

(3) Identify and, when appropriate, replicate or use successful shaken baby syndrome programs and procure related materials and services from organizations with appropriate experience and knowledge of shaken baby syndrome.

**Section 7. Regulations.**

The secretary may promulgate regulations necessary to implement the provisions of this act.

**Section 8. Effective date.**

This act shall take effect in 90 days.

APPROVED—The 9th day of December, A.D. 2002.

MARK S. SCHWEIKER